FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

This is an initial* Statement of Organization

This is an amended* Statement of Organization



FORM	STATEMENT			
DR-1	OF			
(Rev.	ORGANIZATION			
07/2003)				
For Office Use Only				

*An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

07/2003)					
For Office Use Only					
Comm. #					
Indexed					
Audited					
Computer					

COMMITTEE NAME ↓↓	2000
Frank Cownie For Mayor	AUG 6 2003
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party Committee (7)County/City Central Committee	(4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Robert J. Conkey	Name ↓ ↓
Mailing Address & American Mailing Address & DRIVE	Mailing Address ↓ ↓
City, State \$\dip \ Zip Code \$\dip \ \] DES MOINES , TOWA 50312	City, State ↓ ↓ Zip Code ↓ ↓
Phone (\$15) 240 523 Y	Phone ()
e-Mail	e-Mail
INDICATE PURPOSE OF COMMITTEE - Check One Box X Adv Comment or description:	ocate for/against candidate(s) Advocate for/against ballot issue(s)
All Candidates Enter:	
Office Sought:	District:
County/Local Candidates and Local Ballot/Franchise Committees Enter	Year Standing for Election:
County:	Date of Election:
Bank Account Name ↓ ↓	Candidate name & Address or Parent Entity (PACs, if applicable). ↓ ↓ Affiliate, or Sponsor
Frank Cownie For Mayor	
Name of Financial Institution/type of Account ↓↓ Iowa State Bank	Mailing Address ↓ ↓
Mailing Address ↓ ↓	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
612 E. Locust Street	
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone ()
Des Moines, IA 50309	e-Mail

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- 1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the lowa Administrative Code.
- 2. That lowa Code section 68A.6 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- 3. That lowa Code section 68A.14 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
- 4. That lowa Code section 68A.15 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- 5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.40 through 68A.42 and rule 351—4.25.
- 6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DRS) has been filed.

Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

Aug Date Signed

Aug Date Signed

Aug Date Signed

IECK ONE:		DR-1 OF ORGANIZATION	
This is an initial* Statement of Organization ✓ This is an amended* Statement of Organization	07/2003)		
This is an america of organization	For Office Use Only		
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nalties may be imposed for late-filed Statements of Organization.	Indexed		
		Computer	
COMMITTEE NAME ↓↓		-003	
Frank Cownie for	Mayor	OCT 2 0 2003	
MPORTANT: Indicate type of committee you are reporting for 1)Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (Committee (7) County/City Central Committee	∜ √.	A STATE OF THE PARTY OF THE PAR	
MMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory	except for a candidate's committee)	
Name + +	Name ↓ ↓		
Robert J. Conley			
Vailing Address ↓↓ 670 F05+EV DV. City, State ↓↓ Zip Code ↓↓	Mailing Address ↓ ↓		
City, State ↓ ↓ Zip Code ↓ ↓	City, State ↓ ↓ Zip Code ↓ ↓		
Des Moines, 1/4			
Phone (515 240 - 5234	Phone ()		
∍-Mail	e-Mail		
NDICATE PURPOSE OF COMMITTEE - Check One Box Advoc	cate for/against candidate(s)	vocate for/against ballot issue(s)	
All Candidates Enter: Mayor, Des Moires	District: Des Moine	. <u>.</u>	
Political Party (if applicable) Democrat (n/a)	Year Standing for Election: _2(ウルろ	
County/Local Candidates and Local Ballot/Franchise Committees Enter:		4-03	
<u>∃ank Account Name</u> ↓ ↓	Candidate name & Address or Par		
Franklownie for Mayor	Frank Cownie	illiate, or Sponsor	
Name of Financial Institution/type of Account ↓ ↓	Mailing Address ↓ ↓		
lowa State Bank	615 Haru)00d	
Vailing Address + F. Lowst St	Des Moines	State \downarrow \downarrow Zip \downarrow	
Dity ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone ()		
Des Moines, IA 50309	e-Mail		
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- Jahrt Cash	//-///	63	
Signature of reasurer	Dat	e Signed	